WIRRAL PCT – GREATER MERSEYSIDE CMP

CONDITION MANAGEMENT PROGRAMME

Condition Management Programme NHS Greater Merseyside

jobcentreplus

SUMMARY

This case study looks at Greater Merseyside's Condition Management Programme which was established in 2006 and was in operation for five years until March 2011.

The Condition Management Programme (CMP) was a national cognitive educational programme of health advice with emphasis on self-management, delivered as part of the Pathways to Work Choices Programme in partnership with Jobcentre Plus personal advisers. The programme was available to anyone claiming Incapacity Benefit, ESA or Income Support (because of a health condition) with the aim of helping them gain skills to enable them to better understand and manage their health condition, alongside support, that allowed them to explore the range of lifestyle and work opportunities available.

KEY OUTCOMES

Throughout the duration of the programme, 9050 referrals were received, of which 5180 customers started the programme. This equates to a conversion rate of 57.3%

GOOD PRACTICE CASE STUDY

NHS North West

KPI PERFORMANCE

For the key performance indicator relating to the number of customers seen within 15 days of referral, the results for each year were:

- 2008: 95%
- 2009: 87%
- 2010: 85%
- 2011: 100%

RETURNING TO WORK

- 60% of customers showed a positive increase in their confidence regarding finding work over the life of the programme. During the same period 67% showed a positive increase in their confidence around managing their own condition and 68% felt more confident in their ability to work.
- 40% of those who completed the programme returned to work (although this figure did drop to 18% during the recession).

CUSTOMER HEALTH AND WELLBEING

- Since taking part in the programme (of those that responded 'Agree' or 'Strongly Agree'):
  - 74% had increased physical activity or exercise
  - 64% have been eating better
  - 78% feel more confident
  - 81% feel better about themselves
  - 57% have improved health
  - 79% feel more positive about the future
  - 39% had reduced smoking/ stopped smoking
  - 53% have reduced alcohol intake.
- Of those customers who underwent a HAD assessment (Hospital Anxiety and Depression):
  - 81% showed an improvement in relation to the Anxiety measure
  - 82% showed an improvement in relation to the Depression measure
  - For a wider breakdown of the customer evaluation questionnaire see appendix.

BACKGROUND

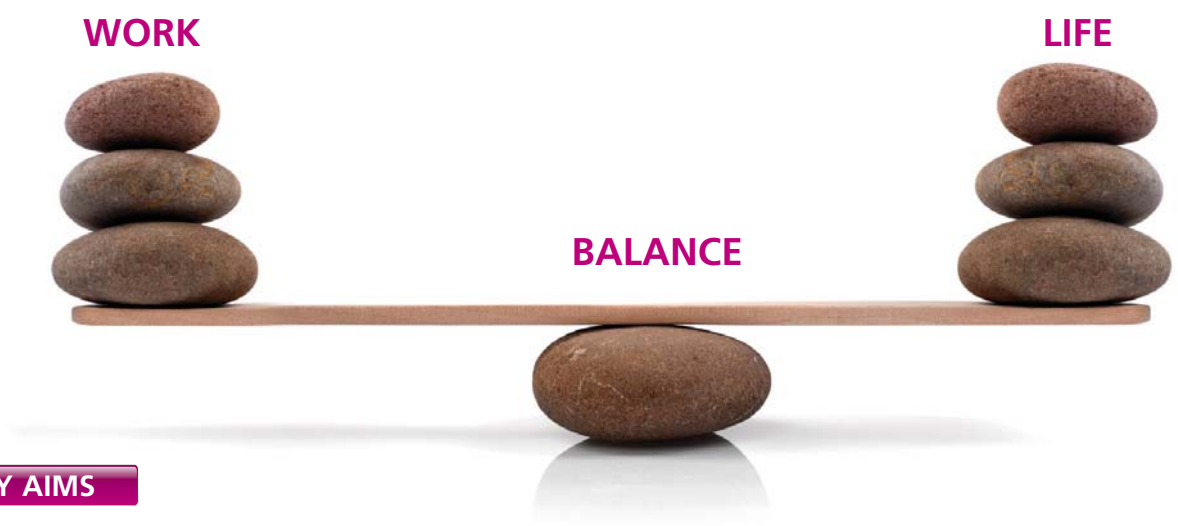
Pathways to Work: Helping people into work

The Department of Work and Pension's (DWP) Green Paper 'Pathways to Work' (November 2002) set out a strategy for enabling people with health problems and disabilities to move into work, and to become and remain independent. At the heart of the strategy was a personal adviser responsible for co-ordinating tailored and intensive support, delivered in a new 'Choices Package' to help to those with the potential to get back into work. The aim was that people moving on to incapacity benefits should no longer be regarded as people at the end of their working lives, but people with working futures.

Based on this strategy incapacity benefit pilots were rolled out followed by the set up of Condition Management Programmes. These were designed to operate in seven of the most deprived areas nationally, where unemployment and incapacity benefits were highest. Within the Greater Merseyside itself 112,000 people were on incapacity benefit, a much higher figure than for those on job seekers allowance, with many people lost in the system over the years.

See the "GM Local Labour market appendix" for further details

GOOD PRACTICE CASE STUDY



KEY AIMS

- To help participants better understand their condition in a work environment;
- To help participants feel more confident about what they could do and therefore about returning to work;
- To enable participants who returned to work to feel more expert about negotiating with their employer;
- To enable participants to improve their quality of life, regain control and realise their aspirations.
- Connect people back into their communities where they can be part of support systems which will help them manage their conditions and maintain better health outside of the NHS.

KEY STAGES OF SET UP

The Incapacity Benefit (IB) Pilots

In 2004 the Incapacity benefit (IB) pilots were delivered through Jobcentre Plus and were focused on people of working age at risk of not working again. People newly on IB in the pilot areas were allocated a personal adviser and were required to attend mandatory work-focused interviews to explore the barriers to return to work and devise an action plan to overcome them. Financial incentives and a 'Choices' package of individually tailored support were available on a voluntary basis to all claimants of IB in the pilot areas whether or not they were included in the mandatory elements of the pilots.

From February 2005 a modified regime of mandatory work-focused interviews was extended to people in the pilot districts who went onto IB two years before the start of the pilots. The Choices package included the Condition Management Programmes (CMPs) delivered by or through the NHS in partnership with the Jobcentre Plus. Each programme was managed by a Project Manager who had the remit of delivering a programme that suited the needs of their locality.

Launch of Condition Management Programmes

Seven pilot sites were introduced in two waves:

I. First wave: Renfrewshire, Inverclyde, Argyll and Bute in Scotland, Bridgend and Rhondda Cynon Taff in Wales and Derbyshire in England, launched in October 2003;

II. Second wave: a further four pilots in Essex, Somerset, Gateshead and South Tyneside and East Lancashire, Launched on 1 April 2004.

Roll out of Pathways to Work Pilots

The Pathways pilots proved to be successful. Return-to-work rates improved in the pilot areas (double the number of people achieving job entries in 2004 than 2003). Pathways to Work partnerships between employment and health services were then extended to cover all the 30 local authority districts with highest concentration of incapacity benefit claimants.

Set-up of Greater Merseyside CMP

The Liverpool and the Wirral Jobcentre Plus CMP went live in June/July 2006 with project manager, operational manager and clinical manger in position. However, with the recruitment of clinical and support staff the programme grew significantly. In January 2007 the scope of CMP was extended to include St Helens, Halton, Knowsley and Sefton, with a total of 25 job centres.

GOOD PRACTICE CASE STUDY

NHS North West

THE MODEL

Review of existing pilots and best practice in relation to support to IB clients highlighted the need for the CMP model to be based on the following principles:

- that participation in the CMP is entirely voluntary on the part of the IB client;
- that the CMP is based on available clinical evidence;
- that the CMP offers cognitive/ educational interventions with elements that are common to all conditions;
- that it is as far as is practicable, tailored to meet individual clients' needs, supported through a case management approach;
- goals of the programme are "owned" by the individual participant, not imposed on them;
- that the CMP supports an individual IB client for up to approximately three months;
- that the expertise accumulated in the regeneration sector (including the health promotion area), in provision of work focused support for IB client, is as far as possible integrated into the CMP model.

Jobcentre Plus as commissioners required as mandatory: -

- customers written consent that they understood the nature and content of the programme and were willing to participate
- confirmation of the customers written consent to be sent to their GP and Jobcentre Plus
- an agreed Health Action Plan with the individuals buy in of this,
- personalised interventions to be offered
- an Outcome report,
- contact with the customer within 5 working days to arrange initial appointment
- initial assessment carried out face to face within a further 10 days
- customer starts on the programme within a further 20 days.

CUSTOMERS

The Condition Management Programme primarily covers the 3 main health conditions cited in IB/ESA claims – mild to moderate mental health problems, musculo-skeletal disorders and cardio respiratory conditions. Customers were all of working age and across a range of skill levels and backgrounds.

GREATER MERSEYSIDE CMP STRUCTURE

There were 5 clinical teams which covered each area and these were made up of occupational therapists, physiotherapists, Registered General Nurses (RGN), Registered Mental Nurses (RMN) and a work psychologist. These staff acted as case managers and employed cognitive behavioural therapy (CBT) techniques, solution focused (SFT) techniques and motivational interviewing to help people to manage their own long term conditions with a view to returning to work. There was therefore a wide range of skills within the clinical teams with clinicians able to deal with the extensive range of health conditions presented, such as drug and alcohol misuse, diabetes, COPD and mental health conditions and pain. The clinical teams were supported by an administration team of 5. As the programme evolved additional staff recruited were a Marketing Manager and 2 Core Module Co-ordinators.

For an organisation chart see the attached "Greater Merseyside CMP Structure" appendix

PROGRAMME DELIVERY

Following assessment, CMP offered a structured programme of personalised support to customers. The modular components were delivered by CMP staff or commissioned from local public health providers or carefully chosen independent delivery partners in community based locations. The modular components were programmes of cognitive – educational interventions which supported the individual's goals and were tailored to meet their needs, e.g: -

- 1:1 sessions with a Case Manager
- Group programme
- Beating the Blues (computerised CBT)
- Exercise on prescription/physical activity
- Pain management
- Condition specific intervention

CMP did not provide traditional treatment but helped individuals to better understand and manage their health condition. It provided support and advice with: -

- Stress and anxiety management
- Relaxation techniques
- Managing emotions
- Dealing with low moods
- Confidence building
- Health and lifestyle advice
- Making life changes
- Coping with pain and fatigue
- Benefits of exercise
- Positive thinking and changing negative thoughts
- Sleep management
- Returning to work
- Managing your health condition

Personal contact was maintained with the customers throughout the programme by telephone, text, email contact and 1:1 sessions.

Appendix – CMP Customer Journey, Managing Your Way Forward Group Sessions.

GOOD PRACTICE CASE STUDY

NHS North West

CMP WORKED IN PARTNERSHIP WITH AND HAD STRATEGIC RELATIONSHIPS WITH:

- Jobcentre Plus, Department of Works & Pensions. Department of Health
- Regional Allied Health Professionals Network
- Pain management clinics at Walton & Clatterbridge
- Universities – UCLAN, Liverpool, Wrexham, John Moores
- NHS Northwest
- NHS services in the locality
- Voluntary groups/support groups
- Drug and Alcohol Action team
- CMP Regional Governance Group
- Local MPs
- Employers Federation
- NHS Wirral
- Ultrasis UK
- Local Authorities.

CASE MANAGEMENT AND EXIT STRATEGY

The customers participation through CMP was managed by a Case Manager from the beginning to the end of the process.

Case Management was designed to ensure that effective governance was applied and that actions agreed were to maximise customer benefit from a range of interventions and voluntary activity.

At the end of the programme the customer can meet with the Case Manager to discuss progress and future plans. The option of meeting with the Jobcentre Adviser and the Case Manager is available to the customer. The customer could then be offered: -

- Jobcentre Plus advisory services
- Work preparation and training programmes
- Access to volunteer schemes
- Access to education

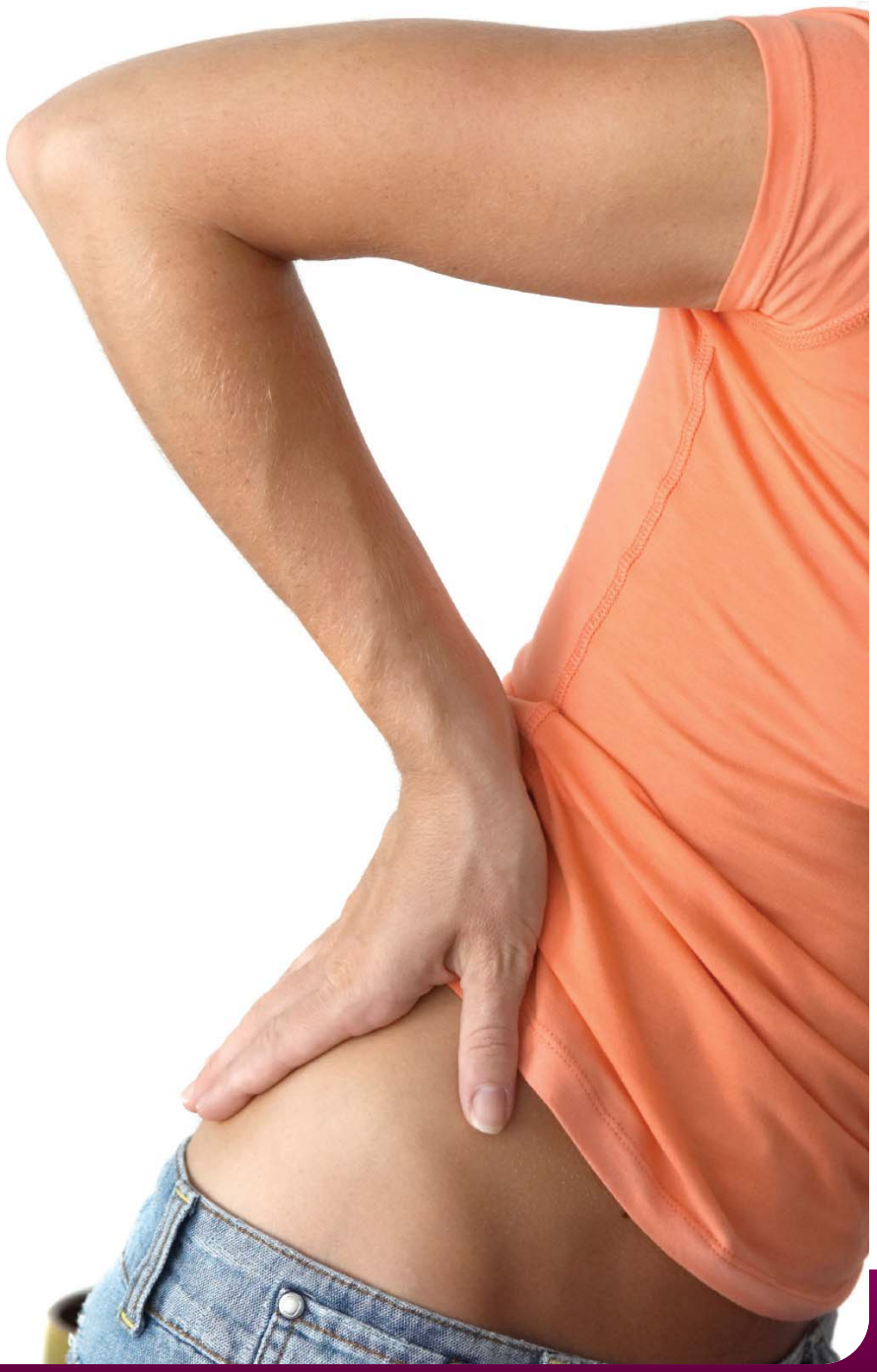
For a more detailed breakdown of delivery see the "CMP functions and delivery Programme" appendix.

RESOURCES

The Condition Management Programme was fully funded by the Department of Work and Pensions.

KEY CHALLENGES

- The design of the programme and customer pathway
- The appropriateness and volume of referrals
- The recruitment of Case Managers
- The management of budgets and funding
- The management of risks – clinical and business
- Finding appropriate venues and accommodation



GOOD PRACTICE CASE STUDY

NHS North West

KEY LEARNING

CMP was a real example of partnership working between 2 major organisations – NHS and Jobcentre Plus. It has been at the cutting edge in the used of enlightened and evidence based approaches. Knowledge has been drawn from best NHS practice, applied in a new context, with major sharing across professions, localities and agencies. This has created improved levels of understanding. It is hoped that the wider NHS will take on some of this learning which includes:

- the central use of bio-psycho-social approaches particularly to physical health conditions
- the use of physical activity for mental health difficulties
- the use of physical activity for social engagement and integration
- the use of confidence building groups, based on psycho-educational approaches
- the use of motivational approaches, based on research evidence and clinical expertise
- the use of case management, coupled with group and individual intervention
- the use of outcome focused, rather than symptom focused approaches.
- the use of collaborative personalised care plans.
- the integration of employment into clinical services, particularly IAPT and pain management services
- the management of sickness absence, not only in the wider population, but also within the NHS' own employees.

SUSTAINABILITY

Unfortunately due to funding cuts all of the Condition Management Programmes were closed down in March 2011 before private sector alternatives could be put in place.

SUPPORTING INFORMATION

The following resources are available as an appendix to this case study

- GM CMP Challenges
- CMP Performance Report
- Greater Merseyside staffing structure
- CMP function and deliveries of programme
- Customer journey
- Local labour market profile

FURTHER LINKS

www.cmpmerseyside
www.livinglifetothefull.co.uk
www.patientvoices.org.uk

Potential areas for using this knowledge include:

- the self-management of long-term conditions
- the promotion of healthy lifestyles
- information on prescription approaches and personalised care plan approaches

CONTACT FOR FURTHER INFORMATION

- Pauline Rankin – Clinical Manager

Email: Pauline.rankin@nhs.net

Neil Perris - 0151 651 0011